

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
OLYMPIA, WA**

To: EPSDT Clinics
Physicians/Physician Clinics
Advanced Registered Nurse Practitioners
Hospitals
Pharmacies
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No.: 02-77 MAA

Issued: September 23, 2002

For more information, call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

Subject: Voucher for Interim Pharmacy and Medical Services for Foster Children

In cooperation with the Washington State Pharmacists Association, the Medical Assistance Administration (MAA) has developed a voucher to be used in cases when health care services are needed by a child in foster care, but a Medical Assistance ID card has not yet been issued.

Children are often placed in foster care during non-business hours when Medical ID cards cannot be issued or when coverage cannot be verified. **Please do not withhold medically necessary health care services for a foster child based on the lack of a Medical ID card.** Use the attached “Voucher for Interim Pharmacy and Medical Services for Foster Children” (DSHS form 13-708) when the above circumstance occurs. Follow the instructions on the voucher. Additional vouchers are available for downloading and printing at: <http://www.wa.gov/dshs/dshsforms/forms/eforms.html>.

All billing procedures, coverage, and reimbursement policies applicable to health care services provided to Medicaid children with a “CNP” identifier on their Medical ID card apply to the services you provide to a foster child when you use the voucher.

Thank you for your continued support of the foster care program.

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Voucher for Interim Pharmacy and Medical Services for Foster Children

Dear Pharmacist or Physician:

This voucher is to be used in cases when health care services are needed by a child in foster care for whom a medical assistance ID card has not yet been issued. Children are often placed in foster care during non-business hours when ID cards cannot be issued or coverage verified. Please do not withhold medically necessary health care services based on the lack of a medical assistance ID card for a foster child.

Please use this voucher when medically necessary health care services are needed by a child in foster care for whom a medical assistance ID card has not yet been issued. The billing, coverage, and reimbursement policies applicable to health care services provided to children with medical assistance ID cards in categorically needy fee for service Medicaid programs will apply to services you provide to a foster child in reliance on this voucher.

- **Pharmacy providers, please check your Medicaid list of covered drugs to verify product NDC coverage.**
- **All providers: Please create a Partial Medicaid PIC by filling in the following blanks below as instructed. Fill in all other requested information.**
- **Then FAX to "Foster Care Meds Unit" at (360) 586-0605. They will FAX back a coupon within 5 business days (Monday - Friday), with which you can retro-bill.**
- **If you have not received the patient's Medical ID card (coupon) via fax in 5 business days please call the foster care medical unit at 1-800-547-3109. If they are not able to provide a sufficient answer please call: Ann Egerton, EPSDT Program Manager at 360-725-1663. Pharmacists can call Paulette Roe R.Ph. at the Washington State Pharmacy Association: 425-228-7171.**

1	2	3	4	5	6	7	8	9	10	11	12	13
Enter first letter of the first name in space 1		Enter middle initial in space 2		Enter the first 5 letters of the Child's Last Name in spaces 3-7			Enter child's birth date in mm/dd/yy format in spaces 8-13					
Child's Name:												
Foster Parent's Name:												
Address:												
City, Zip Code, Telephone Number:												
Physician or Pharmacy Name:												
Address:												
City, Zip Code, Telephone Number:												
Fax Number:												
Contact Name:												

Thank you for your services and support of the Foster Care Program.



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